

## APPENDIX Q

## USE OF INVESTIGATIVE HYPNOSIS

**Q-1. GENERAL.** Hypnosis can be used as an investigative tool to assist willing persons in recalling details which they could not otherwise remember.

**Q-2. USE OF HYPNOSIS.**

a. Hypnosis will normally be used after conventional investigative procedures have been exhausted. Exceptions are authorized when necessary because of unusual priorities (e.g., a victim/witness is the only person who can reasonably be expected to possess significant information and a successful conclusion to the investigation cannot be expected without obtaining the information, a life threatening situation exists).

b. All leads developed through hypnosis should be verified with supporting physical or testimonial evidence. Investigative conclusions will not be based solely on information obtained through hypnosis.

c. Normally, only key victims/witnesses who consent in writing to undergo hypnosis will be hypnotized. A statement of consent in the format shown at figure Q-1 will be obtained from each person being hypnotized.

d. Hypnosis will not be used to determine the persons' truthfulness. Incriminating statements will be handled in accordance with paragraph Q-10g.

**Q-3. QUALIFICATIONS OF HYPNOTISTS.** Hypnosis will only be induced by mental health professionals (psychiatrists, clinical psychologists, or psychiatric social workers) who have had specialized training in hypnosis, possess clinical experience in the use of hypnosis techniques, and hold full membership in either the American Society of Clinical Hypnosis (ASCH), the Society of Clinical and Experimental Hypnosis (SCEH) or the International Society of Hypnosis (ISH).

**Q-4. LOCATING MENTAL HEALTH PROFESSIONALS.**

a. The USACIDC unit requesting hypnosis will, if possible, identify a local mental health professional, military or civilian, who meets the identified requirements. If unable to identify a qualified person, the requesting unit may contact the Policy, Plans and Training Directorate, (CIPP-PD) HQUSACIDC through the region headquarters, for assistance in identifying a qualified mental health professional.

b. If requested to identify a mental health professional, HQUSACIDC will coordinate with the USACIDC consultant at Walter Reed Army Medical Center, other federal investigative agencies, and professional associations, as appropriate, to identify a qualified mental health professional for the requesting unit.

c. In the event an identified mental health professional is unwilling to conduct the hypnotic interview in accordance with the USACIDC policy, the services of another mental health professional will be obtained.

Q-5. PAYMENT OF FEES.

a. When civilian mental health professionals are used to induce hypnosis, payment of fees will normally be made from post "imprest" funds.

b. In instances where the use of local funds would compromise the investigative mission, payment may be made from .0015 funds provided the requirements of AR 195-4 are met.

Q-6. SJA COORDINATION.

a. USACIDC units will insure that the servicing SJA is familiar with the provisions of the USACIDC policy on hypnosis.

b. Prior to requesting hypnosis, USACIDC units will consult with the servicing SJA. If the SJA objects to the use of hypnosis and the USACIDC unit does not agree, the region or HQUSACIDC SJA will be contacted for guidance.

Q-7. MEDICAL HISTORY INFORMATION. Every reasonable effort will be made to determine if the person to be interviewed has a history of mental illness. The individual will be asked if such a history exists prior to the request for hypnotic interview being forwarded to the region commander. Military mental health professionals will review the individual's medical records prior to the interview when possible. If the mental health professional is a civilian, the individual will be asked to bring his/her medical records to the interview.

Q-8. HYPNOSIS INTERVIEW REQUESTS. The format for hypnosis requests will be determined by the region commander concerned. The requests will contain a synopsis of the incident, a statement of the results desired, the identity and relationship to the investigation of the person, and the identity of the mental health professional who will induce hypnosis.

Q-9. APPROVAL OF HYPNOSIS REQUESTS. The following factors must be considered before a hypnosis request is approved:

a. Hypnosis interviews are expensive and time consuming. Does the case justify the time and expense?

b. Can the case be solved without hypnosis?

c. Could the witness have seen or heard the details that are needed?

d. Are the desired details really important to the case?

e. Was the incident meaningful to the witness? Routine incidents are not as likely to be recalled through hypnosis.

Q-10. PRE-HYPNOSIS INTERVIEWS. Prior to hypnosis, the individual will be thoroughly interviewed to insure that all details recalled by the individual without benefit of hypnosis are recorded in a sworn written statement.

**Q-11. HYPNOSIS INTERVIEWS.**

- a. The mental health professional will have overall control of hypnosis interviews and any decision to continue or terminate the interviews will be made by the mental health professional.
- b. A special agent who does not have detailed knowledge of the case will be present during each interview and will brief the mental health professional prior to the interview to insure that no leading or suggestive questions are asked.
- c. The mental health professional should not be briefed on specific details of the incident, but should develop these details during interviews. The mental health professional should only be briefed as to the nature of the incident, the approximate location, the approximate time and date of the incident, and the general kind of information desired.
- d. It is desirable to have the interviewee provide an uninterrupted description of the incident while in hypnosis. The interviewee may then be asked to respond to specific questions about the incident with either verbal or ideomotor responses as determined by the mental health professional.
- e. Prior to the beginning of the interview, the mental health professional and the special agent will determine whether the agent will participate in questioning of the interviewee or write out additional questions for the mental health professional during the interview. The emphasis during a hypnosis interview is on cooperation of all parties involved. This spirit of cooperation is essential in order to obtain the maximum desirable results.
- f. When obtaining descriptions, Identikit composites, or presenting lineups, the interviewee should be brought out of the hypnotized state after refreshing his/her memory, and an attempt made to obtain the desired information using normal interview techniques. If this is not successful, the information may be sought while the interviewee is in a hypnotized state.
- g. In the event the interviewee makes a self-incriminating statement while under hypnosis, the interview will be terminated immediately. The interviewee will be brought to full consciousness and advised of the statement made while under hypnosis and that it cannot be used against him/her. The interviewee will then be advised of his/her rights and interviewed as a suspect using normal interview techniques.
- h. A hypnosis interview scenario is provided at figure Q2.

**Q-12. RECORDING HYPNOSIS INTERVIEWS.**

- a. Video and audio recordings will be made of interviews conducted under hypnosis with consent of the interviewee. If the interviewee is distracted by the presence of the taping equipment, a room with a one way mirror may be utilized. All parties to the interview must be aware that the interview is being recorded.
- b. A clock or time display will be visible during the interview to indicate the start, elapsed time, and end of the interview.

c. The special agent participating in the interview will make a brief introductory statement on tape which identifies the purpose of the interview, location, time and date, and the identities and roles of all persons present during the interview. The special agent may, at his discretion, require that each person appear on camera when identified.

d. No questions will be asked of the interviewee undergoing hypnosis when the recording equipment is not operating (e.g., pauses to change tape). It is preferable to dehypnotize the interviewee during these pauses, with the dehypnotization and the reinduction recorded on tape. However, this may be impractical or counterproductive especially when short duration tapes such as those organic to USACIDC units are used. In this event, a separate audio tape will be used to record the interviews. This will provide continuity and cover video tape gaps caused by changing tapes. Questions should not be asked during these pauses even when audio tapes are being made.

e. Tapes of hypnotic interviews will be handled as evidence in accordance with AR 195-5. These tapes will be destroyed when no longer needed as evidence.

#### Q-13. REPORTING HYPNOSIS RESULTS.

a. The fact that an individual was interviewed under hypnosis, the identity of the mental health professional, and a synopsis of the results of the hypnosis interview will be recorded in an Agent's Investigation Report.

b. Audio and video tapes of hypnosis interviews will be listed in the not attached exhibits section of the final ROI. Any transcripts of the audio and video tapes may be attached as exhibits to the final ROI.

c. A post hypnosis report will be prepared and forwarded to HQUSACIDC, ATTN: CIPP-PD, within 15 days of the completion of the hypnosis interview. This report will contain a summary of the incident being investigated, the identity and relationship to the investigation of the person hypnotized, the purpose of the use of hypnosis, the date and length of hypnosis session(s), the identity of the mental health professional, and the cost to the Government when a civilian mental health professional is used. Copies of the request and authorization for the use of hypnosis will be attached to the report.

STATEMENT OF CONSENT

I voluntarily and freely agree to undergo hypnosis and be interviewed under hypnosis to assist the US Army Criminal Investigation Command (USACIDC) in the conduct of a criminal investigation. I understand that, unless I object, \_\_\_\_\_, a USACIDC special agent will be present during the interview and that both the special agent and \_\_\_\_\_, a mental health professional, may ask questions of me during the interview. I understand that the interview will be recorded on video and audio tape and that these recordings may be used for any lawful purpose connected with the investigation or action based thereon. \_\_\_\_\_ has explained the procedures to be used, and that although I may experience some discomfort while recalling details of unpleasant events, there are no known risks or expected complications from the procedure(s) to be used. The purpose of the interview under hypnosis is to assist my memory in recalling \_\_\_\_\_.

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Witness \_\_\_\_\_

Interviewee \_\_\_\_\_

Time and Date: \_\_\_\_\_

Time and Date: \_\_\_\_\_

I have personally discussed the purpose of the interview and the procedure to be performed with \_\_\_\_\_.

Mental Health Professional \_\_\_\_\_

Time and Date: \_\_\_\_\_

### Hypnotic Interview Procedure and Content

#### I. Preparation of setting

- A. Select a place where you can assure quiet with no interruptions. Have a good, comfortable chair for the interviewee.
- B. TV equipment set up and fully functioning (cameras, recorder, monitor, clock, 3 working microphones).
- C. Sufficient supply of TV tape.
- D. Consent form(s) on hand.
- E. Clipboard, paper, pens, etc, for automatic writing, sketches, etc.
- F. Photo line up, identi-kit and/or artist materials.
- G. Prepare TV operator to signal about five minutes before tape needs to be changed.
- H. The case agent should be present throughout the interview. The case agent may pass on notes to the hypnosis coordinator during the inquiry phase of the interview. The purpose of such communication is to focus attention to specific factors which are of importance to the case, but which may not have been otherwise developed in the inquiry. Hypnosis coordinators need to be careful in phrasing questions prompted by such notes, so as not to suggest conclusions reached by investigators. Further, such notes should be retained in the case file.

#### II. The Interview (EVERYTHING IS ON TAPE):

##### A. Hypnosis Coordinator:

- (1) Opens the interview with a statement that provides the following information:

Place:

Date:

Time:

Identification of all persons present

Purpose of the interview

- (2) Request and receives permission from the interviewee to record the entire proceeding on video tape.
- (3) States the purpose of the interview.

(4) Turns attention to the mental health professional.

B. Mental Health Professional

(1) Explains hypnosis (which may include):

- asking the interviewee if he/she has been previously hypnotized.
- asking what the interviewee knows/has heard about hypnosis.
- defining hypnosis

- explaining misconceptions

- describing trance characteristics and experiential qualities.

(2) Explains procedures to be used (which may include)

- trance induction

- deepening

- time distortion

- mentions potential "Risks", e.g. re-experience of emotions connected with the event

- inquiry techniques (e.g., T.V. technique, etc.)

- mentions that the hypnosis coordinator will assist in the interview

- post-hypnotic suggestion

- obtains informed consent

(3) Returns attention to the hypnosis coordinator

C. Hypnosis Coordinator

(1) Obtains the interviewee's signature on the consent form.

- Before the interviewee signs the form, asks: "Are you in hypnosis now?"  
(a negative reply is necessary)

(2) Asks the interviewee to describe the event in question.

- This is a detailed recounting, allowing the interviewees to review the events as they please (Do not pump).

(3) Turns attention to the mental health professional

D. Mental Health Professional

(1) Conducts suggestibility test (Optional).

(2) Conducts induction (may use practice inductions).

(3) Enacts age (time) regression.

- Tests trance depth by observing/enacting hypnotic phenomena

(4) Turns attention to the hypnosis coordinator

E. Hypnosis Coordinator

(1) Conducts inquiry (use present tense)

- Let the interviewee describe the event spontaneously, or with minimal encouragement. After the entire event is mentioned the first time, follow with a detailed description, assisted with T.V. techniques, etc..

- If descriptions are obtained in trance, have the interviewee report them again following the termination of trance. (The mental health professional may use post-hypnotic suggestion to assist in providing descriptions out of trance)

(2) Coordinates closely with the mental health professional who.....

- may deal with emotionality

- deepen trance (as needed)

- Near end of interview, use post hypnotic suggestion for later recall in yet greater detail, etc.

(3) If the interviewee makes a self-incriminating statement, have the mental health professional terminate the trance, have the interviewee acknowledge (verbally) that he/she is out of trance, and give a rights advisement to the interviewee. Contact SJA prior to any reinterview.

(4) Returns attention to the mental health professional

F. Mental Health Professional

(1) Terminates trance (last thing to be done before termination of video taping is to ask the interviewee "How do you feel?").

- Be sure tapes include interviewees responding that they are OK.

(2) Returns attention to the hypnosis coordinator.

G. Hypnosis Coordinator

(1) Asks the interviewee to report what he/she said in trance; develop details (this discussion is to evidence enhanced memory)

(2) Where appropriate, obtains composite sketch, Identikit composite, or conducts photographic lineup.

(3) Ends Interview: Say aloud the time indicated on the clock, and announce that the interview is concluded.

III Breaks:

A. Breaks will be needed to change tape, use the lavatory, or possibly allow for meals. Trance should terminated before breaks, and (on tape) a precautionary statement not to discuss the case.

B. The mental health professional will be asked to terminate and re-initiate trance as needed.